Mrs Georgina Suzanne Phillips

# Korniloff

## Inspection report

Warren Road
Bigbury-On-Sea
Kingsbridge
Devon
TQ7 4AZ

Tel: 01548810222

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

Korniloff is registered to provide personal care for up to 17 older people. On the day of inspection there were 11 people living there. The service is not able to deliver nursing care. This is provided by the district nursing service if required. People had low personal care needs. No-one living at the service needed the help of two staff with either personal care or mobility. Some people were living with a low level of dementia.

This unannounced inspection took place on 10 August 2016. The service was last inspected on 12 February 2014 when it was meeting the regulations in place at that time.

The provider for Korniloff is an individual and therefore does not require a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the provider has employed a 'home manager' to manage the service on a day to day basis.

Prior to the inspection we had received concerns relating to care of people living at the service. These concerns had related to the staffing levels at the service, which it was felt, had an impact on the care being provided. There were also concerns over the administration of medicine following a change of dosage made over the telephone. There were further concerns that staff had not contacted healthcare professionals when people's health needs had changed, because some staff had not been confident in seeking their advice. Safeguarding meetings had been held and changes to practice had been made.

There was no effective quality assurance system in place to monitor care and plan on going improvements. Some audits were undertaken and some issues had been identified, such as the need for an extra toilet and bathroom. However, no plans had been drawn up to address these matters.

Risks to people's safety and their care needs were assessed, but this information was not transferred to care plans. This meant staff did not have instructions on how to manage the risks and meet people's needs.

People's care plans were not comprehensive and were not reviewed regularly. This meant staff did not always have the most up to date information on people's needs. However, the home manager was reviewing all care plans at the time of the inspection.

People's needs were met by ensuring there were sufficient staff on duty. However, we have recommended that staffing levels are kept under review. This was because no domestic staff were employed and staff were responsible for cleaning the service and dealing with laundry. This also meant that there was limited time for staff to engage in meaningful activities with people. People told us they would like the opportunity to go out of the service on a regular basis. Following the inspection the provider wrote and told us they had recruited extra staff and were continuing to recruit in order to improve staffing levels.

People's medicines were managed safely and healthcare needs were well managed. People were supported to maintain a healthy balanced diet and were offered regular drinks and snacks.

Robust recruitment procedures were in place to minimise the risk of staff being employed who may be unsuitable to work with vulnerable people. People were protected from the risks of abuse and people told us they felt safe at the service.

People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's needs were met by kind and caring staff, who were knowledgeable in how to care and support them.  People's privacy and dignity was respected and all personal care was provided in private. People were asked for their consent before staff provided personal care. People told us they were happy with the care they received. One person told us "We get very good care". Following the inspection one relative wrote to tell us 'My brother and I have nothing but praise for the staff and their wonderful care that Mum has received'. People told us their visitors were made welcome at any time.

Staff told us they were well supported by the home manager and felt there was an open an honest culture within the service. One staff member told us "You can't solve anything if you try to hide it, you have to learn from things".

People were confident that if they raised concerns these would be dealt with quickly by the home manager.

We have made recommendations relating to staffing levels, the environment and meaningful activities.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

Aspects of the service were not safe.

Risks to people's safety were not transferred to their care plans. This meant staff did not have instructions on how to manage the risks.

People's needs were met by ensuring there were sufficient staff on duty. However, we have recommended that staffing levels are kept under review.

People's medicines were managed safely.

Robust recruitment procedures were in place to minimise the risk of staff being employed who may be unsuitable to work with vulnerable people.

People were protected from the risks of abuse.

Risks to people's health and welfare were well managed.

### Is the service effective?

**Good**

The service was effective.

People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People benefited from staff that were knowledgeable in how to care and support them.

People were supported to maintain a healthy balanced diet.

People were asked for their consent before staff provided personal care

### Is the service caring?

**Good**

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People told us their visitors were made welcome at any time.

## Is the service responsive?

**Requires Improvement**

Aspects of the service were not responsive.

People's care plans were not comprehensive and were not reviewed regularly.

Meaningful activities were not always available.

People received care and support that met their needs.

People were confident that if they raised concerns these would be dealt with quickly by the home manager.

## Is the service well-led?

**Requires Improvement**

Aspects of the service were not well led.

There was no effective quality assurance system in place to monitor care and plan on going improvements.

The home manager was open and approachable.

Not all records were well maintained.

# Korniloff

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 August 2016 and was unannounced.

One adult social care (ASC) inspector conducted the inspection.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

During the inspection we spoke with nine people using the service. We also observed the interaction between staff and people living at the service. We spoke with four care and ancillary staff and the home manager. We also spoke with one social care professional. Following the inspection we received emails from a relative and the local authority's quality support team.

We pathway tracked three people's care records. We looked at the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

Requires Improvement

# Is the service safe?

## Our findings

We found that although risks such as falls, pressure areas and moving and transferring were assessed the records relating to these were incomplete. There were no care or management plans for staff to follow in order to minimise the different areas of risks. For example, one person's pressure area risk assessment indicated that they were at risk of pressure damage, but there was no record of a plan in place to minimise the risk. However, we saw that all mattresses used at the service were of a type that reduces the risk of pressure areas developing. The home manager also told us that more specialist pressure relieving mattresses were available for people who were at a higher risk. Staff were aware of the signs that might indicate a pressure area was developing and no one at the service had a pressure sore.

Staff demonstrated a good understanding of people's risks. They were aware of people who were at risk of falling and from their skin breaking down. Staff told us that because the service was small they were able to get to know people and how to minimise the risks to their safety very well.

Risk assessments were not always reviewed when people's needs changed. For example, one person's risk assessment had been changed following a review in March 2016. The review stated that the person needed to be reminded not to 'rush everything' as this had led to falls. The home manager told us the person's needs had changed again and they were taking things more slowly. However, their risk assessments had not been updated to reflect the change.

This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received fire training and demonstrated a good understanding of what to do in case of fire. However, there were no Personal Emergency Evacuation Plans (PEEP) for people. This meant there was no information available for staff on how to safely evacuate people from the building in case of an emergency, such as a fire. The home manager had been unaware these plans were needed and agreed to put them in place.

Any accidents or incidents that occurred were recorded and reviewed to see how they happened and whether any actions were necessary to reduce the risk of reoccurrences.

On the day of inspection there were 11 people living at the service. No-one needed the help of two staff with their personal care or mobility. The duty manager and one member of care staff were on duty with a cook to support them. The home manager came in to assist with the inspection. The home manager used a specific tool to calculate staffing levels. This was based on the number of people living at the service and their dependency levels. This showed that the staffing hours available were over that required by the tool. However, this did not take into account that no domestic staff were employed. This meant that care staff were also responsible for cleaning and laundry tasks. Staff told us that while people's personal care needs were met there was little time to spend on individual social activities. People told us that while some group activities were available there was limited time for them to be taken out into the town or for walks. Staff also

told us that when there were only two staff on duty visits from professionals and telephone calls reduced the amount of time they could spend with people.

Prior to the inspection concerns had been raised that low staffing levels had resulted in people's personal care needs not being met. Safeguarding meetings had been held and it was agreed the provider would ensure agency staff could be made available if required. It was also agreed that there would always be a member of staff on duty who had sufficient experience to contact a community nurse if anyone became unwell. Staffing rotas showed that when the home manager or duty manager were not on duty a member of care staff was not designated as the senior in charge. This meant there was no staff member identified to take charge in an emergency, and this could result in a delay in action being taken.

In order to ensure there are sufficient numbers of staff on duty, it is recommended that staffing levels are kept under review.

Prior to the inspection concerns had been received relating to the administration of medicines following a change of dosage made over the telephone. Safeguarding meetings had been held resulting in a change of practice. No changes in dosage were now accepted unless written confirmation was received.

People were supported to receive their medicines safely and on time. Medicines were stored safely, in a locked trolley in a locked cupboard. Only staff who had received training administered medicines. Medicine Administration Record (MAR) charts indicated people received their medicines on time as prescribed by their GP. Where people had been prescribed medicine to be taken when required (PRN) for pain relief, they were asked at specified times if this was required. We saw staff that gave out medicines ensured people took the medicine before they left them. However, handwritten entries onto MAR charts had not been double signed. This meant that what had been written on the MAR chart had not been checked as being what had been prescribed. There had been a recent audit of medicines completed by the supplying pharmacy and the home manager was awaiting the report. The home manager was responsible for ordering and checking in medicines each month. At this time quantities of medicines were checked. However, other audits on medicines, such as checking there were gaps on MAR charts were not undertaken.

People were protected from avoidable harm and abuse as staff knew about different types of abuse. One person told us "I certainly do feel safe". Staff had received training in keeping people safe. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Staff also knew who to report any concerns to outside the service. Staff told us they were confident the care manager would address any concerns they raised.

People were protected from the risks associated with the employment of staff who may be unsuitable to work with vulnerable people. This was because there was a robust recruitment system in operation. Staff were thoroughly checked to ensure they were suitable to work at the home. These checks included obtaining a full employment history, seeking references from previous employers and checking with the Disclosure and Barring Service (DBS). The DBS checks people's criminal history and their suitability to work with vulnerable people.

The premises and equipment were maintained to ensure people were kept safe. Records showed that equipment used within the service was regularly serviced to ensure it remained safe to use. For example, hoists, pressure relieving equipment, gas and electrical installations were checked in line with the associated regulations. However, when minor maintenance issues were identified such as light bulbs needing replacing, they were not always recorded as having been completed.

Good

# Is the service effective?

## Our findings

People living at Korniloff had needs relating to living with dementia, mobility and general health.

Prior to the inspection concerns had been received that staff had not contacted healthcare professionals when people's health needs had changed. While there had always been good relationships between the service and healthcare professionals, some staff had not been confident in seeking their advice. Following safeguarding meetings it had been agreed that staff would receive training to build their confidence. The home manager had ensured staff received training and supervision to increase confidence. Staff confirmed they had received updated training, and felt confident in contacting healthcare professionals should they need to. Records showed that people received visits from GPs and community nurses on a regular basis. One person told us they could see their GP at any time.

People received care and support from staff with the skills and knowledge to meet their needs. The home manager had implemented a comprehensive staff training programme with a matrix that indicated when updates were needed. Staff had received training in a range of subjects including medicine administration, first aid and moving and transferring to help meet people's needs. They had also received more specific training such as caring for people living with dementia. Training updates in relation to food hygiene and infection control was planned for October 2016.

The home manager told us new staff undertook a detailed induction programme, following the Skills for Care, care certificate framework. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. Staff we spoke with confirmed they had received an induction and were working through the Care Certificate standards.

Staff said they felt supported by the manager and could discuss any concerns at any time. Records showed that staff received regular supervision. However, although the home manager said they directly observed staff competency there was no record of this. This meant there was no evidence to show where any good or poor performance had been identified, acted on and recorded.

The service was clean, generally well maintained and there were no unpleasant odours. However, the environment was not entirely suitable for people living with dementia. Although people living at the home were in the early stages of dementia, no assessment of the environment had been made. Bedroom doors had no identification by colour or numbers to enable people easily find their own rooms. There were few signs indicating where bathrooms and toilets were located.

We recommend the provider sources further information on providing a suitable environment for people living with dementia.

People were supported to receive a healthy balanced diet with plenty to drink. Staff frequently offered people tea, coffee or cold drinks. Jugs of cold drinks were available in the lounge area for people to help themselves to. Meals were presented nicely and there was plenty of choice. The showed us a list of people's

preferences and special requirements, such as low sugar diets.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

While some people living at Korniloff were living with a low level of dementia, everyone was able to make day to day decisions about their care and treatment. More significant decisions, such as receiving healthcare treatment had not needed to be made by anyone. However, should such decisions need to be made, staff were of the steps needed to be taken to assist people with this process. No-one had needed an assessment to determine their capacity to consent to significant decisions. Staff told us they had received training in the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They were aware of the principles of the legislation and that everyone was assumed to have capacity unless they had been assessed otherwise. Throughout the inspection we heard staff asking people for their consent before providing personal care. Staff told us they always asked people if they were happy for them to provide care, and people we spoke with confirmed this.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. No external doors at the service were locked and people were free to come and go as they pleased. However, there was an alarm on the door to alert staff when anyone entered or left the service. The home manager was aware of the need to make applications to the local authority if they felt anyone needed to be prevented from leaving the service. No applications had needed to be made at the time of the inspection.

Good

# Is the service caring?

## Our findings

People told us staff were very good and caring and all the interactions we saw between people and staff were positive. The atmosphere within the service was relaxed and friendly. There was appropriate friendly banter between staff and people living at the home. Staff were seen supporting people in an easy, unrushed and pleasant manner. One person said "We get very good care" and another said "I'm very well cared for". Following the inspection a relative sent us an email. They wrote 'My brother and I have nothing but praise for the staff and their wonderful care that Mum has received'. They also wrote 'I am very happy with all aspects of health and safety, hygiene, entertainment and the value that they all place on each individual'. People told us their relatives could visit at any time and were always made welcome.

People were happy with the care they received at the service but there was little evidence they were involved in planning their care. The home manager told us that when reviewing people's care needs they always discussed this with the person and their family. However, there was no evidence of this on the care plans and people could not remember being involved. The home manager told us they held occasional meetings for people to discuss any issues, but there had not been one held recently. The home manager told us they wanted to increase people's involvement and was looking for ways to make this happen.

We saw that staff were kind and patient. They walked with people at their pace and knelt down to be on people's level when chatting to them. Staff were mindful of people's needs. They offered plenty of fluids and snacks and discreetly asked if people needed help with personal care.

Staff described the service as being like a 'little family' where everyone knew everyone else. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example, staff knew about people's families. They also knew what people preferred to eat and how they liked to spend their day. Staff told us they knew about people's likes and dislikes because they read the care plans and spent some time chatting with people.

Everyone had their own bedroom. People's privacy was respected and all personal care was provided in private. Staff knocked on people's bedroom doors and waited before they entered. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People told us their visitors were always made welcome and could visit at any time.

We asked the home manager for examples of when staff had gone 'above and beyond' when caring for people. They told us staff had taken one person on a fishing trip, bought birthday gifts for people and collected emergency prescriptions all in their own time. They also said that staff often did personal shopping for people when they were off duty. Staff helped people to celebrate special occasions and made birthday cakes for them.

Requires Improvement

# Is the service responsive?

## Our findings

People were at risk of not receiving care that met their needs. There were no care plans giving directions to staff on how to meet people's needs. Where people's needs had been assessed there was no information for staff on how to meet the assessed needs. For example, one person's assessment stated they could make their needs known. However, staff told us that the person needed prompting and encouragement to answer questions. This important information was not recorded in their care plan and this meant that should any agency staff be used they would not have this information.

There was no evidence that other methods of communication, such as using pictures had been explored. Staff said they hadn't considered this as they knew how the person communicated. We saw staff taking time to find out what the person wanted for lunch and where they wanted to sit.

We discussed the lack of information in care plans with the home manager. They told us they were reviewing care records and had plans to improve them to ensure they contained more detail and directions for staff on how to meet people's needs.

This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not benefit from individual activity plans to ensure they had meaningful activities to promote their wellbeing. Information about the person's life, the work they had done, and their interests was limited so could not be used to develop individual ways of stimulating and occupying people. However, the home manager was trying to obtain more information about people. They told us they had discovered one person had worked in a major London hotel and had been in touch with them to obtain photographs of the person's time there.

There were some activities available such as crafts and quizzes and people were seen reading books, magazines and newspapers. On the afternoon of inspection people enjoyed a bingo session. Outside entertainers also visited the service on occasions and one was booked in for the week following the inspection. However, people told us they would like the opportunity to go out more. Staff told us they would like to be able to take people out, but staffing levels prevented this from happening on a regular basis.

There were few records stating how staff should meet people's needs. However, staff knew people and their needs well and they were able to tell us about how people's needs were met. One staff member told us about how they had identified a person was unwell and needed more reassurance during that time. People living at the service had low personal care needs and no-one needed the help of two staff. Some people were living with a low level of dementia, but were able to tell us about the care they received. Everyone praised the staff and said their needs were met. One person said "I don't need much help, but when I do it's always there". People told us they were able to get up and go to bed when they chose. They also said they could choose to sit in their room, the dining room or lounge and have their meals where they wished. One

person told us they could 'do what they wanted to'. One staff member told us the service was "not routine led" and the people always came first. Another staff member said "People are the priority here".

We recommend the registered provider researches and update their provision of meaningful activities for people.

Each month the local church held a coffee morning in the service's sun lounge. People from the local community were involved with the event. Bric-a-brac stalls were set up in the sun lounge from where people could purchase items. A raffle was held, and tea and coffee was provided. All proceeds went to charity and the service had an opportunity to decide which charity they would like to support. People told us they looked forward to these events.

Multi denominational religious services were held each month for people to attend if they wished.

The registered manager took note of, and investigated any concerns raised. A complaints book was kept in the hallway so that people and visitors could record any concerns. There had been no recent concerns written in the book. There was also a system in place to record more formal complaints, but again no recent complaints had been received. People told us they would talk to staff if they had any concerns, but said they had never had to.

Requires Improvement

# Is the service well-led?

## Our findings

The provider for Korniloff is an individual and therefore does not require a registered manager. However, the provider had employed a 'home manager' to manage the service on a day to day basis. The home manager was employed for 24 hours each week and was supported in their role by a duty manager.

Prior to the inspection we had received concerns that people's needs were not being met safely. Safeguarding meetings had been held and had concluded the concerns had arisen because there were not sufficient systems in place to monitor the care being provided. Following the meetings the local authority's quality improvement team was supporting the home manager to improve the quality assurance systems.

There were limited quality assurance systems in place to monitor the quality of care provided. There were no regular systems to audit aspects of the service such as care plans, complaints, or people's satisfaction with the care provided. The environment was not regularly assessed to ensure it was a suitable place for people to live in. Some areas, particularly the communal areas looked dated and in need of redecoration. There was only one toilet situated in the area where the lounge and dining rooms were located. Staff told us this sometimes resulted in a queue of people waiting to use the toilet. There was only one bathroom suitable for people to use. Although there was another bathroom staff told us it was too small for staff to assist people to bathe in. Some double glazed windows in the sun lounge were 'misted'. The home manager said the provider had contacted a contractor about this problem, but not date had been set for the work to start. However, where other issues had been identified, such as the need for an extra toilet and bathroom, no timescales had been within which the matters would be addressed.

Records of visits from social and health care professionals were recorded in people's daily notes and it was difficult to see when the visits had taken place. The home manager told us they would start a new system of recording professional visits so they would be more easily identified. This meant it would be possible for staff and visiting professionals to identify when people had last been seen by any professional and what action had been taken following the visit.

The lack of documentation meant that people were at risk of not having their care needs met if new or agency staff were on duty. This lack of documentation also meant there was limited evidence to show people received good quality care that met their needs. Staff and the home manager told us several times that because the home was so small and people's needs were known and met they had not always completed the 'paperwork' that was needed to evidence that.

This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home manager told us they liked to operate an 'open door' policy to ensure they were available to staff and people living at the service. However, this impacted on the time they had for dealing with matters such as the quality assurance systems. They were considering working at home one day a week in order to address the issues highlighted at this inspection. They told us they knew that improvements were needed to

the way information was recorded and audited.

However, there were some systems in place to monitor the quality of service provided. Medicines were audited each month when new medicines were received. Questionnaires had been sent out to people living at the service, asking for their views on the care provided. The questions covered the topics of nutrition, communication, the environment and the care provided. There was a high level of satisfaction expressed with 100% of people feeling their rooms were kept clean and tidy and staff answered their calls for assistance promptly. Some people were not happy with their bath times and the home manager was to address this.

Following a recent environmental health officer's visit, a plan had been drawn up to rectify the minor issues that the visit had identified. We saw the work had been completed.

The provider wrote to us following the inspection and told us they had plans to redecorate the communal areas of the service and any bedrooms that became vacant. They also told us they had recently recruited a senior care assistant and were recruiting further staff to help improve staffing levels. They told us they supported the home manager through regular meetings with them and by being available on a day to day basis.

Staff told us they felt well supported by the home manager and the duty manager. They said they could go to them for advice and discuss anything with them. One staff member told us how the home manager had supported them following a car accident. However, staff felt the provider had not 'taken on board' their comments about the low staffing levels. They said they had raised this issue, and the need for a shower room and extra toilet on the ground floor, but that the provider had not taken action.

Staff said they thought there was an open an honest culture within the service. One staff member said "You can't solve anything if you try to hide it, you have to learn from things". All staff said they enjoyed working at the service as it was 'like a family'.

The home manager told us they kept their knowledge of care management and legislation up to date by attending regular training and being part of an on-line support group for care home managers.

The home manager had notified the Care Quality Commission of significant events which had occurred in line with their legal responsibilities. However, they had been unaware of the need to notify us of a recent incident within the service. They told us that should the incident occur again they would notify CQC.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>There were limited systems in place to assess, monitor and improve the quality of care provide to people.<br><br>No accurate and complete record was kept in respect of the care and treatment people received. |